## Macedon Ranges Shire Council

# Environmental Health
## Services

| Septic Tank Plan Request form | $153 |
|---|---|

## Applicant

Name: _____

Address: _____

Town: _____   Postcode: _____

Telephone: _____   Mobile: _____

Fax: _____   Email: _____

☐ Owner        ☐ Builder        ☐ Plumber        ☐ Other (please specify)

Reason for request: _____

_____

## Site address

Lot no: _____   LP/subdivision no: _____

Address:

This space has been intentionally left blank. Please make sure you complete the form fields over page.

Please provide the following information:
- Name of owner when house was built
- Other historical information
- Previous lot numbers
- Previous building permit numbers
- Any other previous owners (listed on copy of title)
- Year house was built
- Previous address

If you have any additional information such as previous building permit numbers relating to the property, please list below:

_____

_____

_____

_____

_____

## Registered owner's declaration (if different from the applicant)

Owner's full name: _____

☐ I give my permission for information requested on this form to be supplied to the above applicant.

Owner's signature: _____  Date: _____

## Privacy

The collection and handling of personal and health information is in accordance with Council's Privacy Policy which is displayed on Council's website, mrsc.vic.gov.au/privacy and available for inspection at or collection from Council's customer service centres.

## Payment options

**In person**: present this form and payment (cash, cheque/money order, eftpos or credit card) at one of our Service Centres.

**By Mail**: cheque or money order – payable to Macedon Ranges Shire Council, or complete Credit Card payment authorisation below. Mail this form and payment to PO BOX 151 KYNETON VIC 3444.

## Credit card payment authorisation

Mastercard ☐                    Visa ☐

I authorise you to charge the following amount to my credit card: $ _____

Name on card: _____

Credit card number: | | | | | | | | | | | | | | | | |

Expiry date (xx/xx): _____  Signature: _____